## 04/24/

## UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisiona	l annlications under	37	CER 1	53/h)
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Attorney Docket No.	2323-158
First Inventor	Igor SPLAWSKI

Title ALTERATIONS IN THE LONG QT SYNDROME GENES KVLQT1 AND SCN5A AND METHODS FOR DETECTING SAME

Assignee Information: University of Utah Research Foundation, Salt Lake City, UT						
	PPLICATION ELEME		ADDRESS TO:	Assistant Commissi Box Patent Applicat Washington, D.C. 20	ion	840125 <sup>F1</sup>
- Abstract of the Disclosure  4			7. CD-ROM or CD-R in duplicate, large table or Computer Program  8. Nucleotide and/or Amino Acid Sequence Submission a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. x paper c. Statement verifying identity of above copies  ACCOMPANYING APPLICATION PARTS 9. Assignment Papers (cover sheet & document(s)) 10. 37 CFR 3.73(b) Statement (when there is an assignee) Power of Attorney 11. English Translation Document (if applicable) 12. Information Disclosure Statement /PTO 1449 Copies of IDS Citations 13. Preliminary Amendment 14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. Certified Copy of Priority Document(s). 16. Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). 17. Other:			
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below or in an application Data Sheet under 37 CFR 1.76::  Continuation \( \text{\tex{\tex						
Customer Number or Bar Code Label 6449						
Address Rothwell, Figg, Ernst & Manbeck Suite 701-East, 555 13th Street, N.W.						
City	Washington	State	D.C.	Zip Code	20004	
Country	U.S.A.	Telephone	202-783-6040	Fax	202-783-6031	
Name	Stephen A. Saxe, Ph.D., Reg. No. 38,609					
Signature Stephena faxa				Date April 24, 2001		

FEE TRANSMITTAL for FY 2001 (Small Entity)		Complete if Known			
		Application Number	New Application		
		Filing Date	Herewith		
		First Named Inventor	Igor SPLAWSKI		
		Examiner Name	To Be Assigned		
		Group Art Unit	To Be Assigned		
Total Amount of Payment	(\$)515.00	Attorney Docket Number	2323-158		

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)				
The Commissioner is hereby authorized to charge		3. ADDITIONAL FEES				
	additional fees and credit any ov		Fee	Fee		
	Deposit Account Number 02-21		Code	Paid	Fee Description	Fee Paid
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X	Charge any Additional Fee Requ	iired Under	139	130	Non-English specification	
	37 CFR 1.16 and 1.17		147	2,520	For filing a request for reexamination	ļļ
			112	920		ļĮ
х	Applicant claims small entity sta-	nie.	112	920	Requesting publication of SIR	[ ]
	The state of the s		113	4 040*	prior to Examiner action	
2. x	D: (E   )		113	1,840*	Requesting publication of SIR	[ ]
2. <u>"]X</u>	Payment Enclosed:		045		after Examiner action	
	x Check		215	55	Extension for reply within first month	[ ]
			216	195	Extension for reply within second month	[ ]
	Credit Card		217	445	Extension for reply within third month	[ ]
			218	695	Extension for reply within fourth month	[ ]
FEE CA	LCULATION		228	945	Extension for reply within fifth month	[ ]
ini			219	155	Notice of Appeal	Ĭ Ĭ
	NG FEE		220	155	Filing a brief in support of an appeal	Ĩ
			221	135	Request for Oral Hearing	i i
Fee Fe			138	1,510	Petition to institute a public use proceeding	i i
	Fee Description	Fee Paid	240	55	Petition to revive -unavoidable	i i
204 35		[\$355.00 ]	241	640	Petition to revive - unintentional	i i
206 16		[ ]	242	620	Utility issue fee (or reissue)	<b>†</b> †
207 24		[ ]	243	220	Design issue fee	+ +
20 <del>8</del> = 35		[ ]	244	300	Plant issue fee	1 1
2 77	75 Provisional Filing Fee	[ ]	122	130	Petitions to the Commissioner	
1700			123	50	Processing fee under 37 CFR 1.17(q)	ļ
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2.;~&LA			246	355	(times number of properties)	
	Extra		240	333	Filing a submission after final rejection	į j
Total Olai	Claims	Fee Fee Paid	249	255	(37 CFR .129(a))	
Total Clai: Independe		\$9= [0 ]	249	355	For each additional invention to be examined (37 CFR 1.129(b))	[ ]
Claims	$[7] - 3^{**} = [4] x$	40 = [\$160]	279	355	Request for Continued Examination (RCE)	1
Multiple D	ependent Claims +	135 = [ ]	169	900	Request for expedited examination	i i
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**or numb	er previously paid, if greater;		195	300	Publication fee for early, voluntary, or	[ ]
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	SUBTOTAL	£160.00	196	300	Publication fee for republication	г 1
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SUBMITTED BY	Complete (if applicable)	
NAME AND REG. NUMBER		
SIGNATURE	Stephen a. Lass DATE april 24,20	DEPOSIT ACCOUNT USER ID